



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

TOURIST ESTABLISHMENT PERMIT APPLICATION

Please print or type the information requested below and return the completed application, permit application fee of **\$40** to the address listed above in order to facilitate issuance of a permit as required by Title 35 of the Code of Virginia. The name of the owner must be listed as it appears on the County Business License. If the establishment is owned by a corporation, please provide the company's Virginia registered Agent and address under remarks. If the establishment is owned by a partnership, provide the names of the general partners. Plans and specifications for remodeling or alteration must be submitted to the Health Department in duplicate for review and approval before any work can be done. A fee of **\$40** is required for plan review.

Payment Options: Cash, check or credit card. Checks payable to the County of Fairfax. **All fees are non-refundable.**

=====

(To Be Completed By Applicant) NEW _____ NAME CHANGE _____ CHANGE OF OWNERSHIP _____

ESTABLISHMENT NAME _____

ESTABLISHMENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____ - _____

MAILING NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____ - _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____ - _____

MANAGER'S NAME _____ PHONE (____) _____ - _____

WATER SUPPLY: PUBLIC _____ PRIVATE _____ SEWAGE SYSTEM: PUBLIC _____ PRIVATE _____

NUMBER OF ROOMS: _____ NUMBER OF FLOORS: _____

ROOM RENTAL LENGTH: DAY _____ WEEK _____ MONTH _____

FOOD SERVICE ON PREMISES: YES _____ NO _____

TYPE: BREAKFAST BUFFET _____ SNACK BAR/FULL SERVICE _____

SWIMMING POOL/HOT TUB/SPA: YES ___ NO ___ LAUNDRY DONE ON PREMISES: YES ___ NO ___

DRINKING UTENSILS: GLASS _____ SINGLE SERVICE _____

If glass, method of sanitizing: _____

ICE DISPENSING MACHINES (Note number of each): AUTOMATIC _____ BIN _____

Remarks _____

SIGNATURE _____ DATE: ____/____/____

=====

(Office Use Only) PERMIT# _____

RESTRICTIONS _____

I HAVE CHECKED AND VERIFIED THE INFORMATION LISTED ABOVE AND RECOMMEND THAT A PERMIT BE ISSUED, SUBJECT TO ANY RESTRICTIONS LISTED ABOVE.

DATE PERMIT ISSUED ____/____/____ DATE PERMIT EXPIRES ____/____/____

EHS SIGNATURE _____ DATE: ____/____/____

Fairfax County Health Department

Division of Environmental Health

Community Health and Safety Section

10777 Main Street, Suite 102, Fairfax, VA 22030

Phone: 703-246-2300 TTY: 711 Fax: 703-385-9568

www.fairfaxcounty.gov/hd

